

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35471**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 3 - 1953 REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Years</u>		e. STREET ADDRESS (If rural, give location) <u>West 2nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Knox Nursing Home</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>CLAUDE</u>	c. (Last) <u>JENKINS</u>
4. DATE OF DEATH	(Month) <u>Oct</u>	(Day) <u>23</u>	(Year) <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 9, 1900</u>
9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Hill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Monroe Jenkins</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-18-1179</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Jenkins</u> ADDRESS <u>Salem Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernicious anemia</u>	DUPLICATE TO (b) <u>Heart disease</u>		<u>3 months</u>
ANTECEDENT CAUSES	DUPLICATE TO (c)		<u>3 month</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>II-9-48</u> , to <u>9-18-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-18-53</u> , 19 <u>53</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Jenkins</u> (Degree or title)	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>10-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 25 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stone Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-24-53</u>	REGISTRAR'S SIGNATURE <u>Dr. M. Hart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blackwell-Worfel</u>	ADDRESS <u>Salem, Mo.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or~~ by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marshall E. Blacker* .....

Licensed Embalmer No. *471* .....

P. O. Address *Salem,* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.